

EXHIBIT A

DOCTOR JACOB MATTHEW MEDICAL REPORT OF KIRPAL SINGH

SUMMIT CITYMD NY • 243 Boyle Rd, SELDEN NY 11784-1929

SINGH, Kirpall (id #27727394, dob: 02/26/1945)

Last amended by Jacob Mathew MD on 04/24/2025 at 12:54pm

Patient Name	SINGH, KIRPALL (80yo, M) ID# 27727394	Appt. Date/Time	04/23/2025 11:00AM
DOB	02/26/1945	Service Dept.	Selden_243BoyleRd_NEUROLOGY
Provider	JACOB MATHEW MD		
Insurance	Med Primary: MEDICARE-NY - EMPIRE (MEDICARE) Insurance # : 9ME0PT73VJ20 Med Secondary: EMBLEMHEALTH (EPO) Insurance # : K9035357602 Prescription: EXPRESS SCRIPTS - Member is eligible. details		

Chief Complaint

None recorded.

Vitals

None recorded.

Allergies

Reviewed Allergies

Medications

None recorded.

Problems

Reviewed Problems

Screening

None recorded.

HPI

INITIAL NEUROLOGY CONSULTATION-REFERRED BY DR. THOMAS MATHEW / DR MURTHI

CHIEF COMPLAINT-EPISODES OF CONFUSION DISORIENTATION AND MEMORY DIFFICULTY AND UNSTEADY GAIT HISTORY OF COMPLAINTS-

80-YEAR-OLD MALE WAS SEEN WITH A CHIEF COMPLAINT OF STROKE IN 2019.

AS PER PATIENT'S SPOUSE HE HAD SPEECH DIFFICULTY AND HE WAS CONFUSED AND HE WAS UNSTEADY ON HIS FEET AND 2019 HE WAS TAKEN TO NORTH SHORE UNIVERSITY HOSPITAL MANHASSET ON FEBRUARY 26, 2019 NY-WHERE HE WAS ADMITTED AND WAS DIAGNOSED WITH A STROKE AND AFIB-HE WAS DIAGNOSED WITH MULTIPLE EMBOLIC STROKES

SUBSEQUENTLY WAS DISCHARGED TO A BURKE REHAB FACILITY IN WHITE PLAINS NEW YORK WHERE HE RECEIVED INTENSIVE SPEECH AND PHYSICAL THERAPY AND OCCUPATIONAL THERAPY SINCE THEN WAS FOLLOWED BY HIS NEUROLOGISTS- DR. COHEN AND THEN MUSRAT SHAREEF

DECEMBER 22, 2023 HE WAS TAKEN BY AMBULANCE TO NASSAU COUNTY MEDICAL CENTER AFTER HE FELL IN THE HOUSE AND HE WAS INCREASINGLY CONFUSED AND DISORIENTED AND WAS AGGRESSIVE AGITATED. HE WAS DIAGNOSED WITH THE COVID NECK WITH THE LEVATOR TROPONIN MARKER FOR HEART DAMAGE. THE DIAGNOSIS COMPLIANT WITH THE ALREADY COMPROMISED STATE PUT HIM TO A MAJOR RISK OF CARDIAC EVENT OR HAVING ANOTHER STROKE ALSO HAD PEDAL EDEMA

ON JANUARY 3, 2024 HE WAS DISCHARGED FROM SO UNIVERSITY MEDICAL CENTER AND WAS DISCHARGED TO GLENCOE CENTER FOR NURSING AND REHAB

ON JANUARY 24, 2024 HE WAS DISCHARGED FROM REHAB AND THE HE HAD VESTIBULAR THERAPY TO IMPROVE BALANCE AND HIS DIZZINESS.

ON MAY 7, 2024 HE WAS STARTED PT AND REHAB AT STARS REHAB AT NORTHWELL HEALTH

ON NOVEMBER 15, 2024 HE HAD TRANSCATHETER AORTIC VALVE REPLACEMENT FOR SEVERE AORTIC STENOSIS AND HEART VALVE FAILURE

ON NOVEMBER 21, 2024 HE WAS DISCHARGED HOME AND HAD OT PT

ON NOVEMBER 22, 2023 HE WAS TAKEN IMMEDIATELY TO EMERGENCY ROOM SECONDARY TO CARDIAC ARRHYTHMIAS AND THE HE HAD A CARDIAC PACEMAKER INSTALLED LATER THAT DAY AND WAS DISCHARGED FROM THE HOSPITAL ON NOVEMBER 23, 2020 FOR TUMOR IS SCHEDULED FOR CARDIAC ABLATION.

STILL HE HAD MILD EPISODES OF CONFUSION AND DISORIENTATION WITH A SLURRED DYSARTHRIC SPEECH AND UNSTEADY GAIT AND HE HAS TO AMBULATE WITH A CANE

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FREQUENT FALLS AND UNSTEADY GAIT

LAST FALL WAS ABOUT 3 WEEKS AGO

HEADACHES MOSTLY IN THE MORNING FRONTOTEMPORAL AND ALL OVER THE HEAD.

LOW BACK PAIN AND STIFFNESS AND SOMETIMES LOW BACK PAIN RADIATES DOWN RIGHT LEG.

DENIES BURNING IN THE FEET OR PAIN IN THE LEGS.

AS PER PATIENT'S SPOUSE HE HAD EPISODES OF VISUAL HALLUCINATION AND EPISODES OF AGITATION.

EPISODES OF DIZZINESS AND LOSS OF BALANCE

PAST MEDICAL HISTORY. STROKE 2019. AFIB-ABOVE. DIABETES MELLITUS, HYPOTHYROIDISM, ENLARGED PROSTATE, VALVULAR HEART DISEASE, KIDNEY DISEASE

PAST SURGICAL HISTORY-TRANSCATHETER AORTIC VALVE REPLACEMENT FOR SEVERE AORTIC STENOSIS AND HEART VALVE FAILURE ON NOVEMBER 15, 2024

CARDIAC PACEMAKER

OPEN HEART SURGERY IN 2005

ALLERGIES NO KNOWN DRUG ALLERGIES.

SOCIAL HISTORY-DENIES SMOKING ALCOHOL OR DRUG ABUSE

FAMILY HISTORY-FATHER HAD STROKE. FATHER AND MOTHER DECEASED.

SISTER ALSO HAD STROKE

CURRENT MEDICATIONS-AMLODIPINE 5 MG 1 TAB DAILY FOR HYPERTENSION. APIXABAN 5 MG WHICH IS ELIQUIS 1 TAB BY MOUTH EVERY Q 12 HOURS, ASPIRIN 81 MG DAILY FARXIGA 5 MG ORALLY 1 TAB ONCE A DAY FOR DIABETES, FLOMAX 0.4 MG CAPSULE 1 AT BEDTIME FOR BPH, HUMALOG 100 UNITS/ML INJECTION INJECT 2 TIMES A DAY 5-6 UNITS LUNCH AND DINNER, LEVOTHYROXINE 125 MCG 1 DAILY FOR HYPOTHYROIDISM ROSUVASTATIN 40 MG CAPSULE ONCE A DAY FOR HYPERLIPIDEMIA. TOUJEO MAX SOLOSTAR 300 UNITS/ML SUBCU SOLUTION 60 UNITS SUBCU ONCE A DAY IN THE MORNING FOR DIABETES, CARVEDILOL 25 MG TWICE A DAY RAMIPRIL 10 MG ONCE A DAY AMIODARONE 200 MG TWICE A DAY, FUROSEMIDE 40 MG ONCE A DAY PROCRIT INJECTIONS, RIVASTIGMINE PATCH.

ROS

Musculoskeletal: Musculoskeletal: **arthralgias/joint pain.****ROS as noted in the HPI****Physical Exam**

MENTAL STATUS PATIENT IS ALERT AWAKE ORIENTED X2 MONTH AND DAY. MILD DYSARTHRIC DYSPHASIA. IMPAIRED IMMEDIATE RECALL AND SHORT-TERM MEMORY-EPIISODES OF CONFUSION AND DISORIENTATION.

DEPRESSED MOOD. EPISODES OF VISUAL HALLUCINATION

IMPAIRED COGNITION AND JUDGMENT.

DIFFICULTY IN FOLLOWING COMPLEX COMMANDS.

FOLLOWS SOME SIMPLE COMMANDS

CRANIAL NERVES 2-12 IS INTACT EXCEPT DIMINISHED HEARING RIGHT EAR-WITH A DIMINISHED VISION IN BOTH EYES

MOTOR EXAM REVEALED NORMAL TONE BULK AND HE MOVED ALL EXTREMITIES AGAINST GRAVITY AND MODERATE RESISTANCE EXCEPT PRONATOR DRIFT OF THE RIGHT UPPER EXTREMITY. PROXIMAL MUSCLE WEAKNESS IN BOTH THIGHS

REFLEXES WERE 1+ THROUGHOUT EXCEPT DEPRESSED ANKLE JERKS

BABINSKI SIGN ABSENT

SENSORY EXAM SENSORY ATAXIA

CEREBELLAR TESTING- DIFFICULTY WITH TANDEM GAIT. MILD DYSMETRIA ON FINGER-TO-NOSE

NECK SUPPLE NO BRUIT OF THE CAROTIDS

ENT-NORMAL

CERVICAL SPINE-LIMITED RANGE OF MOTION CERVICAL

LUMBAR SPINE-STRAIGHT LEG RAISING POSITIVE IN BOTH LEGS RIGHT MORE THAN LEFT

EXTREMITIES. BILATERAL PEDAL EDEMA PLUS MINIMAL SWELLING OF THE RIGHT KNEE
RIGHT KNEE MINIMAL SWELLING AROUND RIGHT KNEE

GAIT UNSTEADY GAIT AND PATIENT AMBULATES WITH A CANE

BP ON SITTING 110/60.

BP ON STANDING 100/50

AS PER LABS DONE ON APRIL 152025

BUN WAS 50 CREATININE WAS 3.47 CALCIUM WAS 9.1, LIVER FUNCTION WAS WITHIN NORMAL LIMITS, WBC WAS 5.7 HEMOGLOBIN WAS 8.7 HEMATOCRIT WAS 28.5 B12 LEVEL WAS 371 PLATELET COUNT WAS 167

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SINGH, Kirpall (id #27727394, dob: 02/26/1945)**Assessment / Plan****1. History of cerebrovascular accident-**

MRI BRAIN DONE AT NORTH SHORE UNIVERSITY HOSPITAL ON FEBRUARY 28, 2019

SCATTERED SMALL FOCI OF RESTRICTED DIFFUSION ARE NOTABLE THROUGHOUT THE BILATERAL CEREBRAL HEMISPHERES, LEFT SIDE OF THE PONS, RIGHT CEREBRAL HEMISPHERE, AND CEREBELLAR VERMIS. THERE IS ASSOCIATED T2 AND FLAIR HYPERINTENSE SIGNAL IN THE SAME AREAS COMPATIBLE WITH CYTOTOXIC EDEMA.

. THERE IS NO HEMORRHAGIC TRANSFORMATION.

MULTIPLE ADDITIONAL NONSPECIFIC FOCI OF T2 AND FLAIR HYPERINTENSITY ARE NOTED THROUGHOUT THE DEEP BRAIN AND PERIVENTRICULAR WHITE MATTER OF THE CEREBRAL HEMISPHERES.

THERE IS DIFFUSE CEREBRAL VOLUME LOSS AND PROMINENCE OF THE SULCI AND FISSURES AND CISTERNAL SPACES. MILD VENTRICULOMEGLY APPEARS UNCHANGED. FLOW VOIDS ARE NOTED THROUGHOUT THE MAJOR INTRACRANIAL VESSELS, ON THE T2 WEIGHTED IMAGES CONSISTENT WITH THEIR PATENCY.

THERE IS EVIDENCE OF LEFT-SIDED CATARACT REMOVAL.

MRA NECK WAS DONE

THERE WAS AN INCIDENTAL BETWEEN CONFIGURATION OF THE TO THE AORTIC ARCH.

IN THE BILATERAL CERVICAL INTERNAL CAROTID ARTERIES ARE WITHIN NORMAL LIMITS

THE ORIGINS OF BILATERAL VERTEBRAL ARTERIES ARE NORMAL

MRA OF THE CIRCLE OF WILLIS. THE RIGHT A1 SEGMENT IS HYPOPLASTIC

THE BILATERAL POSTERIOR COMMUNICATING ARTERIES NOT WELL RESOLVED

THERE IS INCIDENTAL DUPLICATION OF THE LEFT SUPERIOR CEREBELLAR ARTERY WITH A NARROWING OF A COMMON ORIGIN.

THE BILATERAL INTRADURAL VERTEBRAL ARTERIES, VERTEBROBASILAR JUNCTION AND BASILAR ARTERY AND BASILAR TIP APPEAR UNREMARKABLE AS WELL AS BILATERAL POSTERIOR CEREBRAL ARTERIES.

Z86.73: Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits

- LEARNING ABOUT BE FAST: STROKE WARNING SIGNS

2. Multi-infarct dementia-

MULTI-INFARCT DEMENTIA WITH A SUPERIMPOSED HYPOTHYROID

I63.9: Cerebral infarction, unspecified

3. Cerebral infarction-

EMBOLIC CEREBRAL INFARCTION

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RECOMMENDED -REDUCTION OF RISK FACTORS FOR CEREBROVASCULAR DISEASE AND CONTINUE ELIQUIS 5 MG TWICE A DAY AND PATIENT IS ON ROSUVASTATIN 40 MG ONCE A DAY

CARDIOLOGY FOLLOW-UP.

DISCUSSED THE WARNING SYMPTOMS OF STROKE WITH THE PATIENT. INSTRUCTED THE PATIENT AND THE SPOUSE TO TAKE HIM TO THE ER STAT IF ANY WARNING SYMPTOMS OF STROKE

I63.9: Cerebral infarction, unspecified

4. Lumbosacral spondylosis with radiculopathy

M47.27: Other spondylosis with radiculopathy, lumbosacral region

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5. Peripheral neuropathy due to type 2 diabetes mellitus

E11.42: Type 2 diabetes mellitus with diabetic polyneuropathy

6. Autonomic neuropathy-

ORTHOSTATIC HYPOTENSION

BP ON SITTING WAS 110/60.

BP ON STANDING WAS 100/50

G99.0: Autonomic neuropathy in diseases classified elsewhere

- ORTHOSTATIC HYPOTENSION: CARE INSTRUCTIONS

Discussion Notes

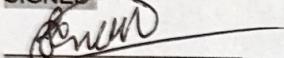
DEGREE OF DISABILITY-HE IS TOTALLY DISABLED WITH SIGNIFICANT LIMITATION OF FUNCTION AND HIS IMPAIRMENT IS PERMANENT.

IN MY OPINION WITH A REASONABLE DEGREE OF MEDICAL CERTAINTY, AS PER DOCUMENTED HISTORY, IMPAIRED COGNITION, JUDGMENT AND MEMORY AND NEUROLOGICAL DEFICITS AND ONGOING DETERIORATION OF HIS MENTAL CAPACITY, HE IS UNABLE TO FULLY COMPREHEND THE COMPLEX QUESTIONS AND DECISION MAKING WHICH IMPAIRS HIS ABILITY TO EFFECTIVELY PARTICIPATE IN AN UNDERSTAND LEGAL PROCESS.

HE NEEDS STRICT ASSISTANCE FOR ACTIVITIES OF DAILY LIVING.

I JACOB MATHEW ,MD THE EXAMINING PHYSICIAN HEREBY SOLEMNLY AFFIRM UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS IN THE MEDICAL RECORD OF KIRPAL SINGH ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF AND I UNDERSTAND THIS DOCUMENT MAYBE USED IN A COURT OF LAW..

SIGNED



JACOB MATHEW ,MD.

Return to Office

- to see Jacob Mathew MD at Selden_243BoyleRd_NEUROLOGY on or around 04/23/2025
- to see Jacob Mathew MD for Office Visit at Selden_243BoyleRd_NEUROLOGY on or around 07/23/2025

Amendment Sign-Off

~~Encounter signed off by Jacob Mathew MD, 04/23/2025. Encounter signed-off by Jacob Mathew MD, 04/24/2025.~~

Encounter performed and documented by Jacob Mathew MD

Encounter reviewed & signed by Jacob Mathew MD on 04/23/2025 at 12:13 PM

Amendment closed by Jacob Mathew MD on 04/24/2025 at 12:54 PM